

# Annual Update Form

## California Outcomes Measurements System Cal OMS

Form Serial Number

Today's Date:

County  Facility

1. Provider ID Number

2. Providers Participant ID

3. Date of Admission Month  Date  Year

4. Reporting Unit

5. Employment Status

- CODE**
1. Employed full time – 35 hours or more per week
  2. Employed part time – less than 35 hours per week
  3. Unemployed – actively seeking employment
  4. Unemployed – not in labor force – not seeking employment
  5. Not in labor force – not seeking employment

6. Disability Impairment

Enter codes for up to three impairments.

1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

- CODE**
- |            |             |                             |
|------------|-------------|-----------------------------|
| 1. None    | 4. Speech   | 7. Dev. Disabled            |
| 2. Visual  | 5. Mobility | 8. Other (Not AOD)          |
| 3. Hearing | 6. Mental   | 9. Client declines to state |

7. Signed consent on file? 1 = Yes 2 = No

**Alcohol & Drug Codes For Question 8 Below:**

- |                         |                                   |
|-------------------------|-----------------------------------|
| 00. None                | 12. Tranquilizers Benzodiazepines |
| 01. Heroin              | 13. Other Tranquilizers           |
| 02. Alcohol             | 14. Non-Prescription Methadone    |
| 03. Barbiturates        | 15. OxyContin                     |
| 04. Sedative/Hypnotics  | 16. Other Opiates / Synthetics    |
| 05. Methamphetamine     | 17. Inhalants                     |
| 06. Other Amphetamines  | 18. Over-The-Counter Drugs        |
| 07. Other Stimulants    | 19. Ecstasy                       |
| 08. Cocaine / Crack     | 20. Other Club Drugs              |
| 09. Marijuana / Hashish | 98. Other                         |
| 10. PCP                 | 99. Unknown                       |
| 11. Other Hallucinogens |                                   |

**Usual Route of Administration Question 9 Below**

- CODE**
- |                |                                     |
|----------------|-------------------------------------|
| 01. Oral       | 04. Injection – IV or Intramuscular |
| 02. Smoking    | 08. None or N/A                     |
| 03. Inhalation | 09. Other                           |

8. Alcohol / Drug Problem Primary  Secondary

9. Usual Route of Administration

10. Total days of use in past 30 days  (00 – 30) or 99=None or N/A

11. If client's primary and secondary issues are not alcohol, how many days in the past 30 days have you used alcohol? (00–30) or 99=None or N/A

12. How many days were injectable substances used in last 30 days? (00 – 30) or 99=Declined to state

13. How many days were paid work days in the past 30 days? (00 – 30) or 99=Declined to state

14. Currently enrolled in school?  1 = Yes 2 = No 3 = Declined to state

15. Currently enrolled in job training program?  1 = Yes 2 = No 3 = Declined to state

16. Number of times arrested in past 30 days? (00–30)

17. Number of days in jail past 30 days? (00–30)

18. Number of days in prison last 30 days? (00 – 30)

19. Number of times visited ER for physical / medical problems in past 30 days. (00-30)

20. Number of days stayed overnight in a hospital for physical / health problems in past 30 days. (00-30)

21. Number of days participant experienced physical health problems in past 30 days. (00-30)

22. Participant was pregnant any time during treatment. 1 = Yes 2 = No 3 = Not Sure / Don't Know

23. Ever been tested for HIV / AIDS? 1 = Yes 2 = No 3 = Declined to state

24. Has results for an HIV / AIDS test? 1 = Yes 2 = No 3 = Declined to state

25. Ever been diagnosed with a mental illness? 1 = Yes 2 = No 3 = Don't know / not sure

26. Number of times in past 30 days participant received emergency outpatient mental health needs. (00 – 99)

27. Number of days in past 30 days participant stayed in a psychiatric inpatient hospital / facility. (00-30)

28. In the past 30 days participant has taken medications for mental health needs. 1 = Yes 2 = No

29. How many days in the past 30 days participant attended social support recovery program:

**Any of the Following: (00-30)**

- 12-Step Program Other Self Help Meetings  
Religious / Faith or Self-Help Meetings  
Attended Meeting Other Than Those Above  
Interactions with Family or Friend in Support of Recovery

30. Current living arrangement.  01. Homeless 02. Dependent 03. Independent Living Arrangement

31. Number of days participant resided with person(s) who use drugs or alcohol. (00–30) 99=Declined to state

32. Number of days in past 30 days participant experienced serious conflict with family members. (00 – 30) or 99=Declined to state

33. Number of children age 17 or less (birth or adopted) (living with participant or not). (00-30)

34. Number of children age 5 or less (birth or adopted) (living with participant or not). (00-30)

35. Number of children living with someone else due to child protection court order. (00-30)

36. How many children living with someone else were due to parental rights of participant being terminated? (00-30)